U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/566,890 Application Number FEE TRANSMIT Filing Date July 21, 2006 For FY 2009 First Named Inventor Hansell H. Stedman **Examiner Name** Noakes, Suzanne Marie Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1656 TOTAL AMOUNT OF PAYMENT 175.00 Attorney Docket No UPN-Q3355USA **METHOD OF PAYMENT** (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 08-3040 Deposit Account Name: HOWSON & HOWSON LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 540 220 165 270 110 Design 220 110 100 50 140 70 Plant 220 110 330 170 165 85 330 Reissue 165 540 270 650 325 220 Provisional 110 n 0 n 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** 14 - 20 or HP = ____ x 0 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Fee (\$) Indep. Claims 4 - 3 or HP = ____ ____ x 110 HP = highest number of independent claims paid for, if greater than 3. If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof **Total Sheets** Fee (\$) - 100 = __ (round **up** to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification. \$130 fee (no small entity discount) Other (e.g., late filing surcharge): PETITION FOR EXTENSION OF TIME 65.00 SUBMITTED BY

Registration No. 33,980 Telephone 215-540-9200 Signature Name (Print/Type) Cathy A. Kodroff Date October 5, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.